The following pages are exhibits for the standard

Travel Expense Account (2 Pages)

For Orders, you may contact:

Forms Management
Division of Administration

At:

225-219-9570

TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

| DATE OF CLAIM |
| DEPARTMENT |
| DIVISION |

NAME OF OFFICER OR EMPLOYEE

ADDRESS | SECTION

CITY | FOR PERIOD

Expense Summary

	Lump-Sum Allowance			$	
Automobile:	Per Mile Cost:	mi. @ .34		$	
		mi. @ .34		$	$
Subsistence:	Lodging			$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)			$	$
Tolls and Parking					$
Tips (for baggage handling only)					$
Other Expenses					$
Less: Travel Advance					$
Total Reimbursable Costs					$

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE | TITLE OR POSITION | OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

NAME | SIGNED BY: | TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn	Object	Sub. Obj.	Rptg. Category	Amount	Document Reference

DATE	HOUR (SPECIFY AM/PM)		TERRITORY TRAVELED SHOW ALL POINTS VISITED	ODOMETER READING		MILES TRAV.	SUBSISTENCE				TOLLS AND PARK.	TIPS	OTHER EXPENSES	
	DEP.	ARR.		DEPART	ARRIVE		LODGING	MEALS NO	MEALS COST				DESCRIPTION	COST
					TOTALS		$		$		$			$